

## Verification of Status as a Person with a Disability

Page 1 of 2

---

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Name of resident, applicant, or guest: \_\_\_\_\_

Address: \_\_\_\_\_

The tenant, guest, or applicant for tenancy listed above has sought the reasonable accommodation and/or modification described in the attached Request for a Reasonable Accommodation and/or Modification Request form.

State and federal laws require housing providers to make reasonable modifications to either the dwelling or other parts of the housing community, and to make reasonable accommodations to policies, procedures, services or regulations when such changes are not unduly burdensome and are necessary for the tenant, applicant, household member or guest with a disability to have equal opportunity to use and enjoy the housing and/or facilities.

In determining whether the person requesting the change is disabled for the purpose of a reasonable accommodation or modification, the California Fair Employment and Housing Act provides that a person is disabled if they have a physical or mental impairment that limits one or more of the person's major life activities. Some examples of major life activities are caring for oneself, walking, breathing, seeing, hearing, learning, sleeping, speaking, and working.

Drug addiction (other than addiction caused by **current** illegal use of a controlled substance) and alcoholism (other than addiction caused by **current** use) are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and temporary disabilities (such as broken limbs or pregnancy).

(continued)

---

## Verification of Status as a Person with a Disability

Page 2 of 2

**IMPORTANT:** The medical/social service professional certifying the disability and need for an accommodation and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability.

**As a medical/social service professional with the knowledge necessary to make a determination, I am able to advise that**

\_\_\_\_\_  
(Name of client)

**qualifies as an individual with a disability as defined above and that the following accommodation and/or modification is consistent with the needs associated with his/her disability.**

**Accommodation/Modification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expected duration of disability:** \_\_\_\_\_

**List major life activities that are limited by the disability:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Printed Name and Title/License#

\_\_\_\_\_  
Date

***This package of reasonable accommodations/modifications is courtesy of the Fair Housing Council of Orange County and its attorneys.***

UNAUTHORIZED USE PROHIBITED  
For Members Only  
Apartment Association,  
California Southern Cities  
Approved Form #F96- 9/16

